

## **The Maryland Way:** **Trauma-Informed, Resilience-Oriented, Equitable Care and Culture** **(TIROE)**

The Commissioners on Maryland's Commission on Trauma-Informed Care adopt the following Principles, Definitions, and Implementation Domains to guide our work and recommendations.

### **Framework:**

We define a Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE) to be composed of this framework:

#### **Trauma-Informed: The 4Rs: A Trauma-Informed Organization/ Culture**

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in individual, family, organizational, and systemic levels
- Responds by fully integrating knowledge about trauma, and its effects into policies, procedures, and practices
- Resist re-traumatization and creates a healing environment for everyone.

#### **Resilience Oriented: The 4Is: A Resilience-Oriented Organization/Culture**

- Identifies programs and best practices proven to build resiliency at individual, family, organizational, and systemic levels
- Inoculates the system culture from the effects of stress and trauma proactively rather than reactively by having a strategic plan
- Instills a shared vocabulary and skills for resiliency into every aspect of life of the system.
- Improves the health of the entire system by promoting restoration, health and growth in ongoing ways.

#### **Equitable: The 4Cs: In An Equitable Organization/Culture**

- Cultural Humility is actively practiced and modeled throughout all relationships
- Cultural Safety is established and maintained throughout the organization and within its partnerships
- CLAS Standards are fully incorporated into policies, procedures, and practices in a meaningful and identifiable manner
- Community is recognized and engaged for its inherent healing practices and honored for the uniqueness and diversity of its members.

#### **TIROE Principles (*adapted from SAMHSA*)<sup>1</sup>:**

- **Safety (Cultural, Physical, Psychological, Social and Moral)** (*Bloom, 2013*)
- **Trustworthiness and Transparency**
- **Inclusion of the Voice of Lived Experience (including Peer Support and Mutual Self Help)**

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<sup>1</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>.

- **Collaboration and Mutuality**
- **Empowerment, Voice, and Choice**
- **Cultural, Historical and Gender Concerns**
- **Anti-Racism**
- **Anti-Bias**
- **Social Justice**

**With the following definitions of the principles:**

1. **Safety** includes cultural, physical, psychological, social, and moral safety. Throughout the organization, staff and the people they serve, whether children, youth, adults or families, feel culturally, physically, psychologically, socially, and morally safe; the physical setting is safe and interpersonal interactions promote a sense of safety
  - a. **Cultural Safety**: Established principles of practice that include protocols that show respect and ask for permission and informed consent. Through personal knowledge hone critical consciousness of social location and power. Within partnerships engage in relational practices founded in authentic encounters. Throughout the process ensure equity and dignity for all parties. And in developing as Positive Purpose we build on strengths, ensure confidentiality, and do no harm.<sup>2</sup>
  - b. **Physical Safety**: All humans are safe from physical harm. The absence of harm or injury that can be experienced by any person from a physical object or practices that include physical objects. Physical objects can include a person, the room itself, furniture, medical equipment, prohibited items, toys, artwork, etc.<sup>3</sup>
  - c. **Psychological Safety**: The ability to be safe within oneself, to rely on one's ability to self-protect and keep oneself out of harm's way.<sup>4</sup>
  - d. **Social Safety**: The sense of feeling safe with other people. We recognize that there are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring healing environments that provide some of the corrective experiences that are vital for recovery.
  - e. **Moral Safety**: The never-ending quest for understanding how organizations function in the healing process but attempting to reduce hypocrisy that is present, both explicitly and implicitly. A morally safe environment struggles with the issues of honesty and integrity  
Moral safety reflects an environment that actively defines and redefines a moral universe of integrity, responsibility, honesty, tolerance, compassion, peace, nonviolence, justice, and an abiding concern for human rights. Being morally safe means having a system of values that are consistent, that guide behavior, and that are founded on a deep respect for each other and all living things. In a morally safe environment, there is no "other," no

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<sup>2</sup> <http://www.ecdip.org/culturalsafety/>

<sup>3</sup> *Your experience matters.com/learning/safe-spaces/physical-safety/what-is-physical-safety/*

<sup>4</sup> (Bloom, S. (2013). *Creating Sanctuary: Toward the Evolution of Sane Societies*. Routledge.)

enemy that is fair game for aggression and violence. No scape goat on which it is acceptable to project one's own denied feelings or the denied feeling of an entire group.<sup>5</sup>

## **2. Trustworthiness and Transparency**

- a. Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust among clients and family members, among staff, and others involved in the organization or culture.

## **3. Inclusion of the Voice of Lived Experience, including Peer Support and Mutual Self-Help**

- a. **Inclusion of the voice of lived experience** begins with the understanding of the phrase “Nothing About Us Without Us” which recognizes the importance of working with others not for others. We recognize that organizational cultures and community cultures thrive when those who are impacted by the organization and community are active, engaged, and equal partners with those who are working within the organization and community. This work is maintained and advanced when this principle is central to all organizational decision making and quality assurance practices.
- b. **Peer support and mutual self-help** are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. These are integral to the organizational and service delivery approach and are understood as a key vehicle to build trust, establishing safety, and empowerment.

## **4. Collaboration and Mutuality**

- a. There is true partnering and level of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a TIROE approach.

## **5. Empowerment, Voice, and Choice**

- a. Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in resilience, in the primacy of person-centered service delivery, and in the ability of individuals, families, organizations and communities to heal and recover from trauma. The organization understands that the experience of trauma may be ubiquitous to the lives of those who run the organization, provide services, and/or who come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice, limited in choice, and have been often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine service plans centered on healing and recovery. Clients are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than gatekeepers of help, resource, and care. Staff are empowered to work towards

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<sup>5</sup> (<https://sandrabloom.com/wp-content/uploads/2017-BLOOM-THE-SANCTUARY-MODEL-THROUGH-THE-LENS-OF-MORAL-SAFETY.pdf>)

trauma informed service engagement through adequate training, responsive management, and supportive organizational frameworks. To promote empowerment, voice, and choice throughout the organization, leaders recognize the importance of developing a parallel agency process that fosters feelings of safety among both staff and the clients they serve.

## **6. Cultural, Historical and Gender Considerations**

- a. A TIROE organization or community actively moves past stereotypes and biases that are based on race, ethnicity, sexual orientation, age, disability, religion, gender-identity, geography, etc. It offers gender responsive services and leverages the healing power of traditional cultural connections. The organization or community does this by incorporating policies, protocols, and processes that are responsive to the needs of underserved individuals by recognizing and addressing historical and intergenerational trauma. Finally, the organization or community examines and rectifies institutional practices that have disproportionally harmed individuals from underserved groups.

## **7. Anti-Racism**

- a. Active commitment to identifying and eliminating racism within all state institutions
- b. Addressing implicit racial bias in state service delivery
- c. Understanding the institutional and structural issues that uphold systematic racism
- d. Changing racist systems, organizational structures, policies and practices and attitudes at the individual, structural, and institutional levels
- e. Power is redistributed and shared throughout the system

## **8. Anti-Bias**

- a. Increased awareness of one's personal biases, both implicit and explicit, and the inherent nature of human biases, as well as their impact on interactions with others and organizational policies and practices that institutionalize bias. Actions are taken to mitigate the impact of biases on individuals, organizations, and systems. Individuals, organizations, and systems respect and value differences in people while challenging stereotyping and discrimination to support an inclusive and safe environment for everyone.

## **2. Social Justice**

- a. Promoting the life and dignity of all human persons
- b. Addressing inequities in state service delivery
- c. Advancing policies that support equitable access to goods, resources, and services
- d. Full participation through empowerment, voice, and choice
- e. Equal protection under the law.

In addition to these principles, Maryland's TIC Commission recognizes that we must also address and affect the **Positive and Adverse Childhood Experiences (PACES)** impacting our citizens. We define ACEs to include the original 10 items from the groundbreaking ACEs Study as well as other ACEs that include: Discrimination, Poverty, Racism, Other Violence, Intergenerational Cultural Trauma, Separation, Adjustments or Other Major Life Changes, Bereavement and Survivorship, and Adult Responsibilities as a Child<sup>6</sup>. We reserve the right to add ACEs as the science advances in this area.

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<sup>6</sup> ([HTTPS://numberstory.org](https://numberstory.org))

**The original 10 ACEs** are: Child Physical Abuse; Child Sexual Abuse; Child Emotional Abuse; Physical Neglect; Emotional Neglect; Mentally ill, depressed or suicidal person in the home; family member struggling with drug or alcohol addiction; Witnessing domestic violence against the mother; Loss of a parent to death or abandonment, including abandonment by divorce; Incarceration or any family member. (<https://www.cdc.gov/violenceprevention/aces/about.html>)

**In addition to these Principles, the Commission adopts the following:**

## **10 Implementation Domains**

*(adapted from SAMHSA's concept of Trauma and Guidance for a Trauma-Informed Approach July 2014)<sup>7</sup>.*

- 1. Governance and Leadership**
- 2. Policy**
- 3. Physical Environment**
- 4. Engagement and Involvement**
- 5. Cross Sector Collaboration**
- 6. Screening, Assessment, Prevention, and Treatment Services**
- 7. Training and Workforce Development**
- 8. Progress Monitoring and Quality Assurance**
- 9. Financing**
- 10. Evaluation**

**With the following definitions of the implementation domains:**

- 1) **Governance and Leadership:** The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within each organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a system change process.
- 2) **Policy:** There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principles. This approach must be hard-wired into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader.
- 3) **Physical Environment of the Organization:** The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals and families being served must experience the setting as safe, inviting and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of the trauma informed approach through the openness, transparency, and shared spaces.

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<sup>7</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>.

- 4) **Engagement and Involvement of People in Recovery, Trauma Survivors, People Receiving Services, and Family Members Receiving Services:** These groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation.) This is a key value and aspect of a trauma-informed approach and differentiates it from the usual approaches to services and care.
- 5) **Cross Sector Collaborations:** Collaboration across sectors built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus may not be the stated mission of various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization's mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could under mine the progress of the individual.
- 6) **Screening, Assessment, Prevention and Treatment Services:** Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed and resilience-based approaches. Trauma screening and assessment, and prevention are an essential part of the work. Trauma-specific interventions and resilience-based approaches are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.
- 7) **Training and Workforce Development:** On-going training on trauma and peer-support are essential. The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals and families with complex trauma.
- 8) **Progress Monitoring and Quality Assurance:** There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments, and treatment.
- 9) **Financing:** Financing structures are designed to support a trauma-informed approach which includes resources for staff training on trauma and resilience, key principles of a trauma-informed approach and resilience; development of appropriate and safe facilities; establishment of peer-support, provision of evidence-supported trauma screening, assessment, treatment, prevention, and recovery supports; and development of trauma-informed cross-agency collaborations.
- 10) **Evaluation:** Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma, resilience, and appropriate trauma-oriented and resilience-oriented research instruments.